

IN THE CIRCUIT COURT FOR THE STATE OF OREGON  
FOR THE COUNTY OF BENTON

CASE NO.

COMPLAINT:

WRONGFUL DEATH /  
MEDICAL MALPRACTICE

PRAYER FOR RELIEF: N/A

S. JOSEPH BARRETT, Grandson to  
FRANCES M. KUCERA, Deceased  
Plaintiff,  
vs.  
GOOD SAMARITAN REGIONAL  
MEDICAL CENTER, SAMARITAN  
EVERGREEN HOSPICE, and  
KATRINA G. HOFFMAN, MSN, FNP  
Defendants.

ALLEGATIONS

1.

At all material times herein, plaintiff was a resident of the State of Oregon.

2.

At all material times herein, defendant's, and each of them, were residents of the State of Oregon.

3.

On or around August 14, 2016, Frances M. Kucera (hereinafter "Mrs. Kucera") was found on the ground of her assisted living home, exhibiting symptoms of confusion, lethargy and an inability to operate her personal CPAP machine, prescribed for her Obstructive Sleep Apnea (ICD-10-CM G47.33). Mrs. Kucera was taken by staff and admitted to the Good Samaritan Regional Medical Center.

4.

On August 21, 2016, S. Joseph Barrett, along with his Wife and Mother, visited Mrs. Kucera at Good Samaritan Regional Medical Center. Mrs. Kucera was on Intravenous Oxygen, in a smiling and talkative mood, and exclaimed she was, "excited to go to the wedding", in reference to an upcoming family event she had made plans to attend before the accident; exhibiting signs of working semantic and episodic memory, capable and capacitated cognition.

5.

From August 21, 2016 -September 8, 2016, defendant's Good Samaritan Regional Medical Center, Samaritan Evergreen Hospice and Katrina G. Hoffman, failed to follow the applicable standards of medical care due and owed to Mrs. Kucera in one or more of the following ways:

- I. Failing to follow standard point of care assessment and/or adequately achieve suitable baseline vitals;
  - i. Failure to timely and accurately diagnose and prognose the cause of Mrs. Kucera's failed condition.

- ii. Failure to appropriately and timely treat the cause of Mrs. Kucera's Failed condition.
- iii. Failure to adequately resolve ABG and pH discrepancies contributing to Mrs. Kucera's ASC.
- iv. Failure to ventilate or provide Mrs. Kucera access to oxygen or resuscitative equipment.
- II. Failure to bring Mrs. Kucera back from a reversible, pharmacologically induced, reinforced and incapacitated ASC, for the proper provision of informed consent;
  - i. Failure to explain the general terms of the procedure or treatment to be undertaken;
  - ii. Failure to explain that there may be viable alternative procedures such as:
    1. Cognitive Behavioral Therapy for Dyspnea and Symptomatic; Anxiety, Grief, PTSD, Depression (ICD-10-CM Diagnosis codes: RO6.00, F41, F33, F43)
    2. Bereavement Counseling and/or Talk Therapy,
    3. Oxygen Therapy and NIV Support,
    4. Low-flow partial ECCO2R,
    5. Conventional ECMO,
    6. Endotracheal Intubation,
    7. Invasive Surgical Mitral Valve Repair.
- III. Failure to abide by Oregon's Death with Dignity Act;
  - a. Failure to authorize who may initiate a written request for medication.
  - b. Failure to attest that to the best of knowledge and belief Mrs. Kucera is capable, acting voluntarily and is not being coerced to sign the request.
  - c. Failure to determine Mrs. Kucera is capable and has made the request voluntarily.
  - d. Failure to ensure Mrs. Kucera is making an informed decision.

- e. Failure to explain the potential risks associated with taking the medication to be prescribed.
- f. Failure to refer Mrs. Kucera for potentially suffering from a psychiatric or psychological disorder or depression causing impaired judgment.
- g. Failure to offer the right to rescind the request for medication.
- h. Failure to receive a second oral request no less than fifteen (15) days after making the initial oral request.
- IV. Failure to abide by FDA regulations;
  - a. "HIGHLIGHTS OF PRESCRIBING INFORMATION, MORPHINE, SULFATE INJECTION, PRESERVATIVE-FREE Solution for Intravenous Use, CII Initial U.S. Approval: 1984, "CONTRAINDICATIONS"; it is contraindicated to prescribe morphine for, "Respiratory depression in the absence of resuscitative equipment".

6.

At all material times herein, defendant's Good Samaritan Regional Medical Center and Samaritan Evergreen Hospice are Health Care Facilities located in Linn and Benton Counties, Oregon.

7.

At all material times herein, defendant Katrina G. Hoffman, is employed by Samaritan Evergreen Hospice and provided medical care and treatment to Mrs. Kucera at the Evergreen Hospice in Linn County, Oregon.

8.

On September 8, 2016, at approximately 4:45 PM, Joseph visited Mrs. Kucera at the Samaritan Evergreen Hospice, she was lying on a bed in an empty room in the absence of oxygen/resuscitative equipment. Mrs. Kucera was unresponsive to verbal ques and a pressure applied to her Buccal nerve, caused by methodological morphine accelerated morbidity.

9.

On September 8, 2016, at approximately 8:25 PM. Katrina G. Hoffman, acting as  
Attending Physician administered a lethal dose of morphine, without Mrs. Kucera's knowledge  
or informed consent, unnaturally and unlawfully ending Mrs. Kucera's life.

10.

Immediate Cause of Death: Type II Respiratory Failure ["ICD-10-CM Diagnosis Code  
J96.20 - Acute and chronic respiratory failure [AKA Type 2 respiratory failure], unspecified  
whether with hypoxia or hypercapnia."], Approximate Interval: minutes before Onset to Death,  
Due to Morphine Toxicity; induced analgesia, hypotension, and bradycardia, Approximate  
Interval: weeks before Onset to Death. Cause of Death, non-natural: accident, suicide,  
homicide or could not be determined. (15)

11.

On September 12, 2016, Katrina G. Hoffman electronically signed the Certificate  
of Death (Exhibit 1). Citing: "the Immediate Cause of Death: Congestive Heart Failure"  
["ICD-10 has no code for "congestive" heart failure."], "Approximate Interval: weeks before  
Onset to Death, Due to: Right sided ventricular failure" ["ICD-10-CM Diagnosis Code  
I50.810"], "Approximate Interval: years before Onset to Death, Due to: Pulmonary  
hypertension, Cause Approximate Interval: years before Onset to Death.", "Other significant  
conditions contributing to death, Atrial fibrillation, essential hypertension, obesity.", "Manner  
of Death, Natural."

#### CAUSES OF ACTION

12.

Plaintiff is entitled to recover damages from defendant's jointly and each of them based  
on the theories of liability hereinafter enumerated in Counts I – IV and under such that other  
theories of liability as may be appropriate based upon the facts as alleged herein or as revealed  
during discovery.

#### COUNT I – NEGLIGENCE PER SE

(Defendant's Good Samaritan Regional Medical Center, Samaritan Evergreen Hospice)

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13.

Plaintiff realleges paragraphs 1-11 as though fully set forth herein.

14.

Defendant's Good Samaritan Regional Medical Center and Samaritan Evergreen Hospice  
owed a duty of care to patients, like Mrs. Kucera, under its care and control.

15.

Defendant's Good Samaritan Regional Medical Center and Samaritan Evergreen Hospice  
breached such duty when it failed to perform according to the prevailing standards for hospitals  
while caring for Mrs. Kucera's, in that the health care facilities failed to employ proper  
procedures for diagnosing and treating Mrs. Kucera.

16.

Defendant's Good Samaritan Regional Medical Center and Samaritan Evergreen Hospice  
breach of duty was the cause in fact that led to Mrs. Kucera's death.

#### COUNT II – NEGLIGENCE PER SE

(Defendant Katrina G. Hoffman)

17.

Plaintiff realleges paragraphs 1-11 as though fully set herein.

18.

Defendant Katrina G. Hoffman owed a duty of care to patients, like Mrs. Kucera, under  
her care and control.

19.

Defendant Katrina G. Hoffman's failure to follow procedure as Attending Physician  
pursuant to Oregon's Death with Dignity Act was the cause in fact that led to Mrs. Kucera's  
death.

#### COUNT III – FORGERY

(Defendant Katrina G. Hoffman)

20.

Plaintiff realleges paragraphs 1-11 as though fully set herein.

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21.

Katrina G. Hoffman committed Forgery when she knowingly signed her name as  
Attending Physician and Medical Certifier on Mrs. Kucera's Certificate of Death for purposes  
of injuring and defrauding Mrs. Kucera.

#### COUNT IV – MEDICAL MALPRACTICE

(Defendant's Good Samaritan Regional Medical Center,  
Samaritan Evergreen Hospice, and Katrina G. Hoffman)

22.

Plaintiff realleges paragraphs 1-11 as though full set herein.

23.

At all times material, defendant's Good Samaritan Regional Medical Center Samaritan  
Evergreen Hospice, and Katrina G. Hoffman knew or should have known of the FDA  
Contraindicated prescribing and administration of the Schedule 2 Drug, Morphine, for  
Respiratory depression in the absence of resuscitative equipment.

24.

At all times material, defendant's Good Samaritan Regional Medical Center and  
Samaritan Evergreen Hospice and Katrina G. Hoffman knew or should have known of the  
procedures pursuant to Oregon's Death with Dignity Act and the protection it provides for  
Oregon's most vulnerable individuals against the financial interests of outside parties.

25.

As a result of the negligence of the defendant's, plaintiff has been forced to incur lost life.

WHEREFORE, on each individual claim set forth herein, plaintiff prays for judgment  
against defendant's, and each of them, as follows:

For economic damages in the amount of: n/a (subject to pre-trial amendment)

For noneconomic damages in the amount of: n/a (subject to pre-trial amendment)

For costs and disbursements incurred herein; and for such other relief as the  
court deems equitable and just.

DATED this \_\_\_\_ day of August, 2019

S. Joseph Barrett, Attorney for Plaintiff  
Phone: (541) 207-7096  
Email: corvallis.cascadianow@gmail.com

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Defendants.

CASE NO.

PLAINTIFF'S FIRST REQUEST FOR  
PRODUCTION

TO: DEFENDANT GOOD SAMARITAN  
REGIONAL MEDICAL CENTER

TO: Defendant Good Samaritan Regional Medical Center via service with  
Summons and Complaint

Pursuant to ORCP 36 and ORCP 43, Plaintiff S. Joseph Barrett hereby serves this  
Request for Production on Defendant Good Samaritan Regional Medical Center. Plaintiff  
requests that defendant Good Samaritan Regional Medical Center produce for inspection and  
copying all requested documents on or before 45 days from the date of service to S. Joseph  
Barrett at PO BOX 1063, Klamath Falls, OR 97601

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"Document" means written, drawn, recorded, filmed, or graphic matter, however  
produced, reproduced, or stored, including tangible things, recorded communications of any  
kind, and electronic information. The term refers to the original unless copies are available in  
identical form and content, or unless the original is no longer available. The term shall be  
construed in the broadest sense allowable under the ORCPs and other applicable law.

"Plaintiff" means Frances M. Kucera.

"Relevant Time Period" means September 8, 2016, through the present, unless otherwise  
defined in an individual request.

"You" and "your" means Defendant and any agents, family members, and/or  
representatives acting on Defendant's behalf.

DOCUMENTS REQUESTED

**Request for Production No. 1:** Consulting physician confirmation (ORS 127.820 s.3.02.)  
Before a patient is qualified under ORS 127.800 to 127.897, a consulting physician shall  
examine the patient and his or her relevant medical records and confirm, in writing, the  
attending physician's diagnosis that the patient is suffering from a terminal disease, and verify  
that the patient is capable, is acting voluntarily and has made an informed decision. [1995 c.3  
s.3.02]

Response:

**Request for Production No. 2:** Counseling referral. (ORS 127.825 s.3.03.) If in the opinion  
of the attending physician or the consulting physician a patient may be suffering from a  
psychiatric or psychological disorder or depression causing impaired judgment, either physician  
shall refer the patient for counseling. No medication to end a patient's life in a humane and  
dignified manner shall be prescribed until the person performing the counseling determines that  
the patient is not suffering from a psychiatric or psychological disorder or depression causing  
impaired judgment. [1995 c.3 s.3.03; 1999 c.423 s.4]

Response:

**Request for Production No. 3:** Informed Decision (127.830 s.3.04) No person shall receive a  
prescription for medication to end his or her life in a humane and dignified manner unless he or

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INSTRUCTIONS

This request for Production extends beyond documents within Defendant's immediate  
possession. It includes documents within Defendant's custody or control, or the custody or  
control of Defendant's agents, attorneys, representatives, employees, heirs, successors, and  
assigns, regardless of where located. Therefore, this request may require Defendant or  
Defendant's attorneys to seek and obtain the requested documents. If any previously known  
document is no longer in Defendant's possession or control, the Defendant must state whether it  
is: (a) missing or lost, (b) destroyed, (c) transmitted or transferred to others, or (d) otherwise  
disposed of. Explain the circumstances and provide the date surrounding the loss of possession  
of the document, including any authorization for its transfer or disposition, if applicable. If any  
of the proceeding information is unavailable, state the means of obtaining such information.  
Any documents or responses to the following requests for production that are withheld for any  
reason, including assertion of any applicable privilege, shall be designated as such, and shall be  
identified by describing the type of document, the creator of the document, the recipient (if any)  
of the document, including any individuals or entities to whom copies of the document have  
been provided, and a description of the nature of the document so as to reveal the information  
contained therein for purposes of determining whether the asserted privilege is applicable. To  
the extent that you believe any of the following requests to be objectionable, answer so much of  
each and each part thereof that is not, in your view, objectionable. This request is a continuing  
request until the time of trial. Any additional documents within the scope of this request shall  
be made available for inspection to Plaintiff's attorneys as soon as any such document comes  
within Defendant's possession, custody, or control.

DEFINITIONS

"And" and "or" shall be construed conjunctively and disjunctively to require the broadest  
disclosure of documents within the scope of this Request.

"Complaint" means the state court complaint filed by Plaintiff and initiating this legal  
action in Linn-Benton County Circuit Court, Case No. \_\_\_\_\_

"Defendant" means Good Samaritan Regional Medical Center.

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she has made an informed decision as defined in ORS 127.800 (7). Immediately prior to  
writing a prescription for medication under ORS 127.800 to 127.897, the attending physician  
shall verify that the patient is making an informed decision. [1995 c.3 s.3.04]

Response:

**Request for Production No. 4:** Family Notification (ORS 127.835 s.3.05) The attending  
physician shall recommend that the patient notify the next of kin of his or her request for  
medication pursuant to ORS 127.800 to 127.897. A patient who declines or is unable to notify  
next of kin shall not have his or her request denied for that reason. [1995 c.3 s.3.05; 1999 c.423  
s.6]

Response:

**Request for Production No. 5:** Written and Oral requests (ORS 127.840 s.3.06) In order to  
receive a prescription for medication to end his or her life in a humane and dignified manner, a  
qualified patient shall have made an oral request and a written request, and reiterate the oral  
request to his or her attending physician no less than fifteen (15) days after making the initial  
oral request. At the time the qualified patient makes his or her second oral request, the  
attending physician shall offer the patient an opportunity to rescind the request. [1995 c.3  
s.3.06]

Response:

**Request for Production No. 6:** Right to rescind request (ORS 127.845 s.3.07) A patient may  
rescind his or her request at any time and in any manner without regard to his or her mental  
state. No prescription for medication under ORS 127.800 to 127.897 may be written without  
the attending physician offering the qualified patient an opportunity to rescind the request.  
[1995 c.3 s.3.07]

Response:

**Request for Production No. 7:** Waiting periods (ORS 127.850 s.3.08.) No less than fifteen  
(15) days shall elapse between the patient's initial oral request and the writing of a prescription  
under ORS 127.800 to 127.897. No less than 48 hours shall elapse between the patient's written  
request and the writing of a prescription under ORS 127.800 to 127.897. [1995 c.3 s.3.08]

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Response:

Request for Production No. 8: Medical record documentation requirements. (ORS 127.855 s.3.09) The following shall be documented or filed in the patient's medical record:

- (1) All oral requests by a patient for medication to end his or her life in a humane and dignified manner;
- (2) All written requests by a patient for medication to end his or her life in a humane and dignified manner;
- (3) The attending physician's diagnosis and prognosis, determination that the patient is capable, acting voluntarily and has made an informed decision;
- (4) The consulting physician's diagnosis and prognosis, and verification that the patient is capable, acting voluntarily and has made an informed decision;
- (5) A report of the outcome and determinations made during counseling, if performed;
- (6) The attending physician's offer to the patient to rescind his or her request at the time of the patient's second oral request pursuant to ORS 127.840; and
- (7) A note by the attending physician indicating that all requirements under ORS 127.800 to 127.897 have been met and indicating the steps taken to carry out the request, including a notation of the medication prescribed. [1995 c.3 s.3.09]

Response:

DATED this \_\_\_\_ day of August, 2019.

S. Joseph Barrett, Attorney for Plaintiff  
Phone: (541) 207-7096  
Email: corvallis.cascadianow@gmail.com

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NATURAL LAWS

Normally, [Carbon dioxide / ] CO<sub>2</sub> is eliminated through our lungs with normal respiration.(\*) Rapid elevation in arterial carbon dioxide tension produces an uncomfortable respiratory sensation accompanied by a headache in normal subjects (3) "Carbon dioxide is a by-product of food metabolism and in high amounts has toxic effects including: dyspnea, acidosis and altered consciousness." (1) [also known as. "ASC" or "Altered States of Consciousness"] (22, Figure 4)

"Whenever these [Dyspnea] mechanisms produce an overall respiratory pattern where an increased requirement for ventilation is balanced by an expected increase in respiratory output, no sensation of abnormal breathing occurs. When respiratory output [and/or input] is in some way inappropriate for ventilation requirements, the conscious sensation of this inappropriateness results in the sensation of breathlessness also known as known as dyspnea, refractory dyspnea/breathlessness. (13)

"Prevalence - Dyspnea (shortness of breath) is a common symptom affecting as many as 25% of patients seen in the ambulatory setting." (13)

[Dyspnea / ] Breathlessness, the subjective experience of breathing discomfort-is [a result of elevated co<sub>2</sub> levels, /and/or] a symptom in many pulmonary, cardiovascular, and neuromuscular diseases [Table of vast interrelated accompanying diseases(5)] . It occurs in normals as well during intense emotional states and heavy labor or exercise (4)

Intense emotional states [/psychogenic diseases] include PTSD (8), Depression, Anxiety (\*, 14), Panic Attacks, Grieving (13), [amongst an ever-growing spectrum of related Psychogenic diseases and maladaptive response mechanisms] (\*)

"They [ / Intense Emotional States] confirm that the response to separation has deep evolutionary roots and some biological impact on systems controlling vital processes of sleeping, circulation, thermoregulation, and immune surveillance."(13)

"Most important, animal studies provide new conceptual models for approaching an understanding of human bereavement. Examples are given in the section on social relationships as biological regulators and in Chapter 7. In an additional example, a single aspect of grief can

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be isolated and studied in terms of its biological substrate, as in the work of Weiss on learned helplessness"(13) "The symptoms of sighing respiration, dyspnea, substernal tightness, palpitation, weakness, and crying suggest that tests should be made of respiratory control and blood gases, autonomic function (particularly in the cardiovascular system), and energy metabolism (including the rapidly responding hormone systems of the pituitary, thyroid, and adrenal glands)."(13)

Symptoms of dyspnea include:

- i. shortness of breath after exertion or due to a medical condition.
- ii. feeling smothered or suffocated as a result of breathing difficulties.
- iii. labored breathing.
- iv. tightness in the chest.
- v. rapid, shallow breathing.
- vi. heart palpitations.
- vii. wheezing.
- viii. Coughing.

"Point of Care testing (POCT) is the term used for bedside tests that are usually performed on critically sick patients in intensive care units, emergency rooms, operating rooms, pre-hospital settings and inside transport ambulances. Delay in laboratory results due to delay in transport and analysis of sample can be critical in the management of pediatric patients. "(18)

"Commonly applied tests as POCT in pediatric emergency include bedside dextrose, arterial blood gas [ABG] analysis that help in detecting O<sub>2</sub> and CO<sub>2</sub> disturbances, acid base status, electrolytes and hematocrit." (18)

In ABG analysis; CO<sub>2</sub> as well as pH are used as common factors when making decisions concerning diagnosis, for their (decrease or increase from baseline normal: pH 7.35 in) levels also suggest ASC (\*, 2, 8, 23)

Vital Signs

1. Heart rate (pulse): 60-100 bpm
2. Respiratory rate: 16-20 breaths per minute

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3. Blood pressure: 120/80 mm Hg
4. Temperature: 98°F (36.6°C) to 98.6°F (37°C)
5. ABG analysis (necessary for maintaining consciousness)
  - i. pH • 7.35-7.45
  - ii. Co<sub>2</sub> 35-45
  - iii. Po<sub>2</sub> 80-100
  - iv. Hco<sub>3</sub> 22-26
  - v. O<sub>2</sub> Sat. 95-100%

(6) Most doctors struggle with arterial blood gas (ABG) interpretation. ABG interpretation is easy, break it down into steps;

1. The first priority for the respiratory system is pH
2. If partial pressure of carbon dioxide (pCO<sub>2</sub>) goes down, partial pressure of oxygen (pO<sub>2</sub>) should go up

[Elevated pH /] Alkalosis symptoms include: difficulty [refractory] breathing, nausea, numbness, tremors, confusion, stupor and coma (7)

[Reduced pH /] Acidosis Symptoms include: rapid and shallow breathing, shortness of breath, fatigue or drowsiness, becoming tired easily, confusion, headache, lack of appetite, increased heart rate. (11/5)

SUMMARY

(19) Morphine's side effect: slowed breathing (lower than average/natural respiratory rate (RR)) directly affects the magnitude of alveolar ventilation and subsequently it's ratio to blood flow (which is also decreased by morphine in the cerebral and gastrointestinal areas (10)

- i. For each gas exchanging unit, the alveolar and effluent blood partial pressures of oxygen and carbon dioxide (PO<sub>2</sub> and PCO<sub>2</sub>) are determined by the ratio of alveolar ventilation to blood flow (V<sub>A</sub>/Q<sub>T</sub>) for each unit.
  1. Alveolar ventilation (the volume of gas per minute that participates in gas exchange) to blood flow
    - a. AV / BF or (V<sub>A</sub>/Q<sub>T</sub>)

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2. Effective alveolar ventilation =  $V_A$ 
  - a.  $V_A = RR \times (V_T - V_D)$ , where RR is respiratory rate, or as  
 $V_A = V_T \times (1 - V_D/V_T)$ , minute ventilation minus wasted ventilation
3. Minute ventilation of 7.5 L·min<sup>-1</sup> and a normal  $V_D/V_T$  of 0.3 results in effective alveolar ventilation of 5.25 L·min<sup>-1</sup>.
4. Chronic lung disease might increase  $V_D/V_T$  to  $\geq 0.8$ ;

#### CONCLUSION - Primum non nocere.

Declining consciousness and/or cognitive state are expected when patients are near death. The ability to give even the simplest self-report (yes or no) is lost in the near-death phase of terminal illness yet the ability to experience distress may persist and may be overlooked and undertreated or overtreated. (7) In the case of Mrs. Kucera, overtreated.

"The additional complexity and challenges of off-label morphine prescription to respiratory patients reinforce the urgent need for further research in this clinical setting. In the interim, when considering morphine for patients with advanced respiratory disease and refractory breathlessness, we should remember, "first, do no harm". (27)

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FIGURES

FIG. 1

**ABG**

|           |                                                                         |                 |
|-----------|-------------------------------------------------------------------------|-----------------|
| $H^+$     | Hydrogen ions, inversely proportional to pH                             | 35-45 nmol/L    |
| pH        | Acidity/alkalinity                                                      | 7.35-7.45       |
| $PaO_2$   | Partial pressure of oxygen in arterial blood                            | 80-100 mmHg     |
| $PaCO_2$  | Arterial oxygen saturation                                              | 95-100%         |
| $PaCO_2$  | Partial pressure of $CO_2$ in arterial blood                            | 35-45 mmHg      |
| $HCO_3^-$ | Bicarbonate in blood                                                    | 22-28 mmol/L    |
| BE        | Blood excess (amount of excess or insufficient amount of base in blood) | -2 to +2 mmol/L |
|           | -ve in acidosis, +ve in alkalosis                                       |                 |

FIG. 2

Vent.

Req's

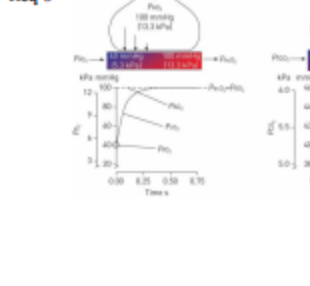


FIG. 3 RR to  $\alpha/CO_2$  ratio



FIG. 4 Psychobiology of ASC

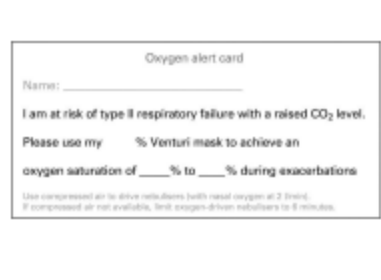


FIG. 5 CELLULAR OXYGEN REQ'S

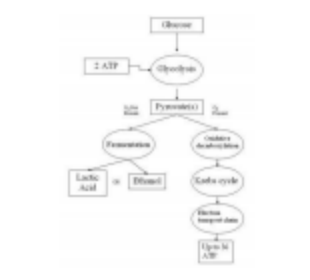


FIG. 7

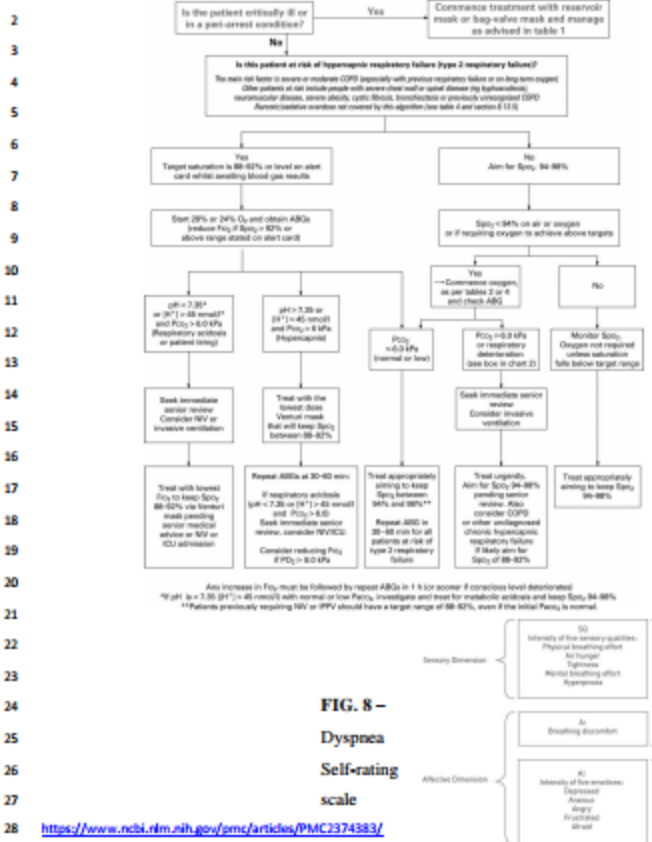


FIG 9. - Mrs. Kucera's State of Oregon Death Certificate

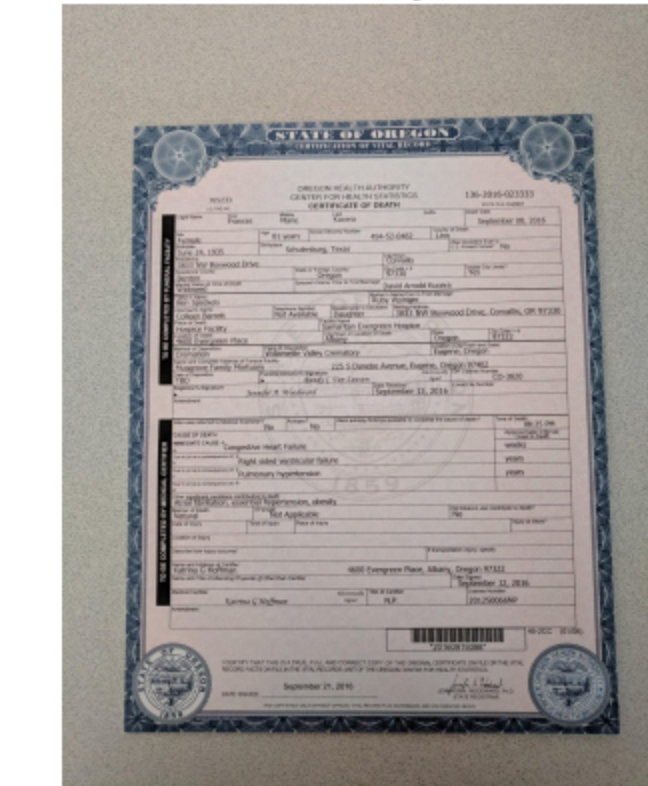


FIG. 10 - FDA Morphine Sulfate Injection Label

